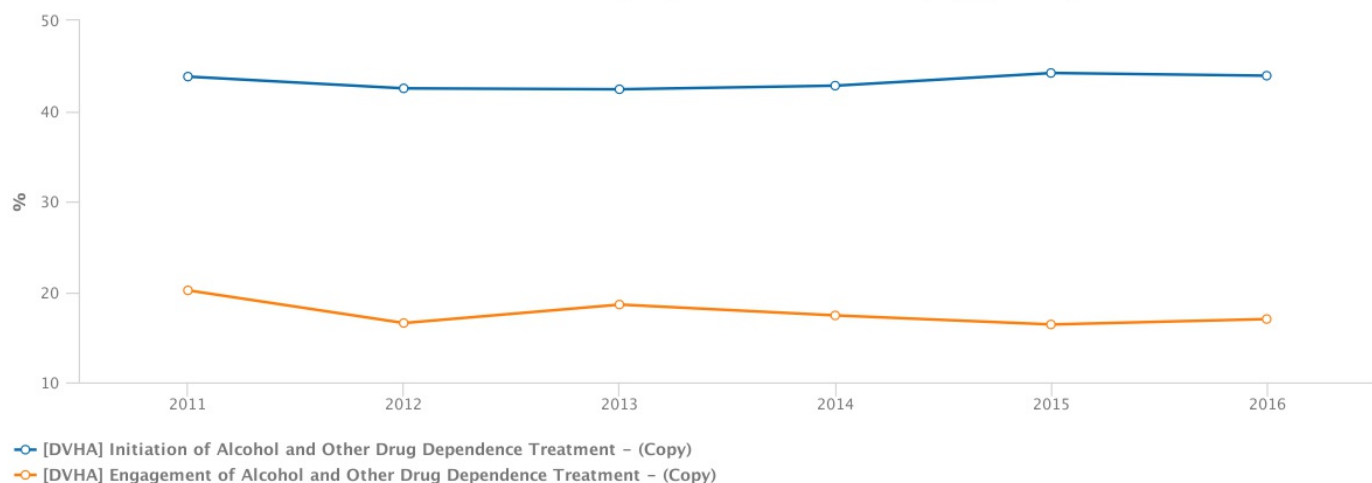


Initiation of Alcohol and Other Drug Dependence Treatment - (Copy) - Comparison



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Partners

- Vermont Medicaid beneficiaries and families
- Community Providers – such as Licensed Alcohol & Drug Counselors (LADCs), primary care physicians and mental health practitioners
- Hospitals
- Other Agency of Human Services Departments –
 - Vermont Department of Health's Alcohol and Drug Abuse Programs (ADAP)
 - Department of Children and Families
 - Department of Mental Health
 - Department of Corrections

Story Behind the Curve

This measure assesses the degree to which Vermont Medicaid initiates (starts) and engages (continues) treatment for members identified with a need for alcohol and other drug dependence (AOD) services. Two rates are reported for this measure:

- Initiation – the % of Medicaid beneficiaries diagnosed with AOD dependence who start treatment through an inpatient AOD admission or an outpatient service for AOD abuse or dependence within 14 days. (The data represented in the chart here is the DVHA's Initiation Total rate (13-17 years combined with 18+ years. Separate initiation rates for those population sub-sets are also tracked.)
- Engagement – the % of Medicaid beneficiaries diagnosed with AOD dependence who then received two (2) additional AOD services within 30 days after the start of AOD treatment. (See

next chart in scorecard.)

The need for Vermont to work on our increasing opioid use epidemic is well documented and has garnered media and public attention over the past few years. Possibly less well known, is the fact that alcohol abuse, on its own, still represents the larger percentage of substance abuse for Vermonters. Please read further under “What Works” and “Action Plan” to learn more about what Vermont Medicaid is doing to help Vermonters prevent and treat substance abuse.

What Works

This link to the Vermont Department of Health website contains information about substance use treatment centers in Vermont, the Care Alliance for Opioid Addiction, medication assisted therapy (MAT), as well as other parent and community resources:

<http://healthvermont.gov/adap/treatment/opioids/>

Action Plan

This measure and this topic, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, has been a high priority for Vermont Medicaid for years. Between 2013-2015 we worked on a grant funded Quality Improvement Project with the goal of increasing our substance use disorder treatment rates. We focused on opening up the Medicaid provider network to Licensed Alcohol and Drug Counselors (LADCs). We also offered a payment reform approach, by providing enhanced payment for quality outcomes. As you can see from the line graph above, these strategies did not significantly increase the overall treatment rates for Medicaid beneficiaries.

Although this is clearly a multi-faceted and difficult issue to impact, we have chosen substance use treatment as a topic for a more formal Performance Improvement Project (PIP), results of which will be submitted to CMS starting in 2017. Department of Vermont Health Access (DVHA) Quality Unit staff have partnered with staff in the Health Department's Alcohol and Drug Abuse Programs (ADAP) to begin designing this project. More information about our project partners and chosen intervention is forthcoming.

Notes on Methodology

These rates are based on the Healthcare Effectiveness Data and Information Set (HEDIS) IET access to care measure. Substance induced mental disorders were not included. We also exclude beneficiaries with Medicare or other medical insurance due to incomplete Medicaid claims history.

In Vermont Medicaid, medication assisted treatment (MAT) is currently billed as one unit per month. The HEDIS IET specification looks for one service within 14 days of index event to count as initiation and two services within 30 days of initiation for engagement. An adjustment to the IET rate was used

to count the multiple visits each week occurring at the MAT opioid treatment programs. Also, VT billing codes for behavioral health residential treatment do not match the IET measure, but for this measure are counted as sub-acute facility visits.